

2026 Energy for Life
Physical Exam Verification Form
Employee Wellness Initiative



IMPORTANT: Please note, the eligibility requirements for our Wellness Incentive Program are compliant in response to new regulations. You are not required to achieve improvement goals to receive the annual incentive. You will simply need to go in for your annual physical and lab work, complete and then send the Physical Exam Verification Form to SolaVieve (see contact information at bottom of page). You may complete required steps at any time during the year to begin earning your 12-month incentive. Print clearly and keep a copy of all forms for your own records. **All fields on this form must be completed, if not, this may result in a delay when receiving this incentive.**

TO BE FILLED OUT BY PARTICIPANT:

PARTICIPANT FIRST NAME				PARTICIPANT LAST NAME			
EMPLOYEE ID #				LOCATION			
<input type="checkbox"/> Tucson <input type="checkbox"/> Nogales <input type="checkbox"/> Kingman <input type="checkbox"/> Lake Havasu <input type="checkbox"/> Flagstaff <input type="checkbox"/> Prescott <input type="checkbox"/> Show Low <input type="checkbox"/> Cottonwood <input type="checkbox"/> Oso Grande <input type="checkbox"/> Springerville							
PARTICIPANT GENDER		DATE OF BIRTH (mm/dd/yyyy)		PROGRAM STATUS			
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> NEW (I have never participated in the Energy for Life program before) <input type="checkbox"/> RENEWAL (I have participated in the Energy for Life program before)			
PHONE NUMBER		EMAIL		PREFERRED CONTACT METHOD			
				<input type="checkbox"/> Phone <input type="checkbox"/> Email			

Authorization to Release Medical Information

I do hereby authorize the release of the following personal health information to SolaVieve for the purpose of confirming eligibility to receive my insurance discounts.

Participant Signature

Date

Your personal health information, or PHI, is protected under the federal Health Insurance Portability and Accountability Act of 1996, or HIPAA, and will be kept secure by the SolaVieve. SolaVieve will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected PHI. SolaVieve will act as the confidential record keeper of the Energy for Life Program on behalf of your employer.

TO BE FILLED OUT BY THE PHYSICIAN OR HEALTHCARE PROVIDER

MEASURE	TARGET/ STANDARD	CURRENT YEAR'S RESULTS	PHYSICIAN EXCEPTION/ IMPROVEMENT GOALS THIS SECTION IS VOLUNTARY
Annual Physical Exam Date	N/A	Date:	
Blood Pressure mm/Hg	130/80 or below		
Total Cholesterol	225 or below		
Fasting Glucose or A1C %	100 or below 5.7 or below		
BMI Kg/m2 (Body Mass Index)	29 or below	Weight: _____ Height: _____ BMI: _____	
Waist Circumference inches	Men: 40 or below Women: 35 or below		

Lab work was requested and the results have been reviewed with the Participant.

Physician/Healthcare Provider Printed Name & Signature

Date

Phone Number

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How to submit forms with a copy of lab results to SolaVieve:

- **Secure Email (Preferred Method):** verified@welcoaz.org
- **Secure Fax Number:** (520) 293-3368
(Follow up with a call to (520) 675-5824 to confirm receipt of your completed packet)
- **NO Mail In Option Available**

Date Received	Date Confirmed
Date Completed	